

Medicaid Eligibility Handbook
Worksheet Section

**MEDICAID PURCHASE PLAN (MAPP)
ELIGIBILITY WORKSHEET**

Client Name	Social Security Number	Filing Date
Worker Number	Cares Case Number	Pin Number
Optional	Does individual request retroactive coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which months? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (ACPA MA)	
	A. Receive HIV/AIDS Insurance currently? <input type="checkbox"/> Yes <input type="checkbox"/> No Received in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	B. Has anyone paid for health care services or equipment for this individual during the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No List individual/organization name(s) and relationship (ANHR) if any _____	
	C. Enrolled in HIRSP currently? <input type="checkbox"/> Yes <input type="checkbox"/> No Enrolled in HIRSP in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Eligibility Checklist		Yes	No
Non-Financial Eligibility	1. Was person age 18 years or older on the date of most recent MAPP application? Date of Birth ___ / ___ / ___ (ANID)	<input type="checkbox"/>	<input type="checkbox"/>
	2. Meets MAPP Disability Definition (as determined by the Disability Determination Bureau)? Onset Date ___ / ___ / ___	<input type="checkbox"/>	<input type="checkbox"/>
	3. Meets Work Requirement? (Meets a or b below) a. Working? (AFEI / AFSE) b. Has work requirement been waived? c. Has been approved by DHFS to participate in a Health & Employment Counseling (HEC) program?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4. Individual meets MAPP non-financial requirements? (Checked 'yes' on 1 through 3 & meets all other Medicaid non-financial requirements?)	<input type="checkbox"/>	<input type="checkbox"/>
Financial Eligibility	5. Is Total Monthly Income at or below 250% FPL? <i>See Schedule A to calculate Monthly Income</i> Total Monthly Income (Schedule A, line 3.d.) \$ _____ Family Size _____ (Use Table 1 to determine whether at or below 250% Federal Poverty Level.)	<input type="checkbox"/>	<input type="checkbox"/>
	6. Countable Assets less than or equal to \$15,000? Enter Total Countable Assets \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
	7. Individual meets financial requirements? (Checked "Yes" 5 and 6?) If yes, complete Premium Worksheet before answering Question 8.	<input type="checkbox"/>	<input type="checkbox"/>
ELIGIBILITY DETERMINATION		Eligible	Ineligible
8. If Yes was checked to Questions 4 and 7 and premium of \$ _____ per Premium Worksheet has been paid, then person is eligible.		<input type="checkbox"/>	<input type="checkbox"/>

Optional:

Would the recipient like to designate an emergency contact (friend, relative, co-worker, etc.) to receive copies of the notification letter should account fall into non-payment? Designating an emergency contact does not relieve individual of his/her monthly premium obligations, nor does it hold the emergency contact responsible for payment in the event that he/she does not meet premium obligations. Designation of an emergency contact is only a means to provide information to another person who may inform policyholder of account status.

Emergency Contact Name	Telephone Number
Address (Street, City, State, Zip Code)	Relationship to You

SCHEDULE A – Calculating Total Family Income

Step 1 – Calculate Total Earned Monthly Income

Total Gross Earned Monthly Income includes total earned income through employment before taxes for person applying for MAPP and his/her spouse.

Applicant/Recipient's (& His/Her Spouse) Earnings

		Month/Year	Month/Year	Month/Year
1a.	Enter individual's gross monthly income from employment or self-employment.	\$	\$	\$
1b.	Enter spouse's gross monthly income from employment or self-employment, if married and residing together.	+	+	+
1c.	Total Gross Earned Monthly Income (Add 1a + 1b).	+	+	+
1d.	Subtract \$65 + ½ disregard.	-	-	-
1e.	Subtract the Applicant/Recipient's Impairment-Related Work Expense (IRWE). See MAPP IRWE Worksheet.	-	-	-
1f.	Enter Total Earned Monthly Income. (If this number is less than 0, enter \$0.)	=	=	=

Step 2 – Calculate Total Unearned Monthly Income

Total Gross Unearned Monthly Income includes income individual or his/her spouse receive that does not come from employment earnings. Examples: Social Security benefits, interest or dividends excluding interest and dividends from Independence Accounts set up under MAPP, disability benefits, or pensions.

	Received By (Circle)	TYPE	Month/Year	Month/Year	Month/Year
2a.	Applicant/Recipient or Spouse		\$	\$	\$
2b.	Applicant/Recipient or Spouse		\$	\$	\$
2c.	Applicant/Recipient or Spouse		\$	\$	\$
2d.	Applicant/Recipient or Spouse		\$	\$	\$
2e.	Applicant/Recipient or Spouse		\$	\$	\$
2f.	Applicant/Recipient or Spouse		\$	\$	\$
2g.	Total Gross Unearned Income (add lines 2a through 2f)		\$	\$	\$

Step 3 – Calculate Total Monthly Income

3a.	Total Countable Monthly <u>Earned</u> Income. (Results from Line 1f.)	\$	\$	\$
3b.	Total Countable Unearned Income. (Results from Line 2g.)	\$	\$	\$
3c.	Subtract the \$20 Standard Deduction.	- \$20	- \$20	- \$20
3d.	Subtract Special Exempt Income.	-	-	-
3e.	Add lines 3a. and 3b. and subtract 3c. and 3d. to calculate Total Monthly Income (Enter this amount on Line 5 of MAPP Eligibility Worksheet.)	\$	\$	\$

The applicant/recipient's and his/her spouse's income must be less than 250% of the Federal Poverty Level (30.6.0) based on family size (applicant/recipient, spouse and children).

NOTE: An individual/family cannot spenddown to 250% of the Federal Poverty Level.

(07/02)